

SHOW TAB SHEET

BACK # _____

**A Signed Check MUST
BE LEFT!**

Make checks payable to:

Circle one: Mare Gelding Stallion ROM Yr Earned _____

Horse's Name _____

Year Foaled _____ Registration # _____ NSBA License _____

Owner _____ NSBA Membership # _____

City _____ State _____ Zip _____

YOUTH Information- EXACTLY as listed on your AQHA Card (Small Fry Also)

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____ NSBA # _____

Relationship to Owner _____

AMATEUR Information - EXACTLY as listed on your AQHA Card

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____ NSBA # _____

Relationship to Owner _____

OPEN Information - EXACTLY as listed on your AQHA Card

Exhibitor's Name _____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____ NSBA # _____

Horses are entered at your own risk and are subject to AQHA rules, under which the following classes will be conducted. In case of death, accident, injury or theft, to the exhibitor, their family, horses or property,

This show /classes are subject to video recording. By signing below, you acknowledge and agree to the above.

Signature of Participant _____ *Date* _____

Cell phone of participant AT THE SHOW _____

WTQHA

Stalled with _____	Responsible Party _____
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Tack Stall _____
Shavings _____
Hook up _____
Check # _____

OVER FOR CLASSES-----

***** A SIGNED COVID 19 RELEASE FORM MUST BE SIGNED AND RETURNED TO THE OFFICE BY EACH PERSON WITH THIS HORSE*****

